09/936,680

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SER. NO.	FILING DATE
APPLICANT(S)	

4/01/04

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14	1					
15		1				
16		1				
17		1				
18		17				
19		17				
20		17				
21		17				
22		17				
23		17				
24		①				
25		1				
26		1				
27		17		5		
28		17		5		
29		①				
30	1					
31		1				
32		1				
33	1					
34	1					
35		13				
36	1					
37	1					
38	1					
39			1			
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.			5			
TOTAL DEP.	116		16			
TOTAL CLAIMS	175		21			

		*		*		*
		IND.	DEP.	IND.	DEP.	IND.
51						
52						
53						
54						
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95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3531